

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2016
--	--	---	--

NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CROSSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations and testing, the facility failed to maintain the overall physical plant/enviromment. The findings included: 1. Observations on 6/27/16 at 11:16 AM, revealed the following deficiencies within the Woundcare office: a. Unfinished wall b. Bathroom ceiling penetration c. The closet doors (padlocked). 2. Observations and testing on 6/27/16 at 11:20 AM, revealed night lights not functioning properly in the following locations: Rooms 118, 122, 123, 124, 125, 131, 132, 134, and 136. 3. Observations on 6/27/16 at 12:28 PM, revealed penetrations in the closets of room 109 and 130. These findings were verified by maintenance staff and acknowledged by the administrator during the exit conference on 6/27/16.	N 831	d) The maintenance staff audited all facility night light bulbs on July 1, 2016 to ensure no others were affected by the noted deficient practice. e) The maintenance staff audited all facility closets on July 5, 2016 for penetrations to ensure no others were affected by the noted deficient practice 3. a) The maintenance staff will inspect the facility during walking for unfinished walls daily for three months. b) The maintenance staff will inspect the facility during walking rounds for ceiling penetrations daily for three months. c) The maintenance staff will inspect the facility during walking rounds for padlocked doors daily for three months. d) The maintenance staff will audit night light bulbs weekly going forward using the facilities TELS system. e) The Maintenance Director will obtain approved firestopping product from firestop contractor, STI, and repair penetrations in the closet of room 130 by July 31, 2016. The Maintenance Director received product catalog as well as the UL's for the firestop products on July 5, 2016. The firestopping contractor, STI, will assist in obtaining the appropriate product for any penetrations being filled. 4. a) Maintenance Director will present the results of the audits to the Performance Improvement Committee. b) The Performance Improvement Committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Health Information, Director of Clinical Nutrition, Director of Maintenance, Director of Environmental Services, Business Office Manager, Director of Recreational Services, and Staff Development	08/10/16 08/10/16 08/10/16 08/10/16 08/10/16
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in	N 848		

Division of Health Care Facilities
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Cathy M. Howe, RHA

TITLE

Executive Director

(X6) DATE

7-11-2016

STATE FORM

8820

9U1821

If continuation sheet 1 of 2

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2016
--	--	---	--

NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CROSSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>Continued From page 1</p> <p>each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observations and testing, the facility failed to maintain the correct air flow as required.</p> <p>The findings included:</p> <p>1. Observation and testing on 6/27/16 at 11:53 AM, revealed the clean side (dryer) room had negative air pressure flowing from the dirty side (washers) room.</p> <p>2. Observation and testing on 6/27/16 at 11:57 AM, revealed the laundry storage room had chemical storage with no negative air flow.</p> <p>These findings were verified by maintenance staff and acknowledged by the administrator during the exit conference on 6/27/16.</p>	N 848	<p>Coordinator will review the results. If it is deemed necessary by the Performance Improvement Committee, additional education may be provided, the process evaluated/revised, and or the audits reviewed for three months or until 100% compliance is achieved.</p> <p>N 848</p> <p>1. a) The Maintenance Director contacted an HVAC contractor, Frost Heating and Cooling, to assist in restoring negative air pressure to the soiled side of laundry on June 28, 2016. Facility is waiting or recommendation from Frost Heating and Cooling to install a larger exhaust fan to the soiled linen area to increase negative air flow. The project will be completed by August 10, 2016.</p> <p>b) The Maintenance Director will ensure, when the larger exhaust fan is installed in the soiled linen area, Frost Heating and Cooling will connect the laundry storage room air duct to the larger exhaust fan in order to add negative air flow into the storage room. The project will be completed by August 10, 2016</p> <p>2. a) The Maintenance Director audited all exhaust fans in the facility on July 6, 2016 to ensure no others were affected by the noted deficient practice.</p> <p>3. a) Upon returning negative air pressure to the soiled side of laundry, maintenance staff will inspect the negative air pressure monthly using the facility TELS system.</p> <p>4. a) Maintenance Director will present the results of the audits to the Performance Improvement Committee.</p> <p>b) The Performance Improvement Committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Health Information, Director of Clinical Nutrition, Director of Maintenance, Director of Environmental Services, Business Office Manager, Director of Recreational Services, and Staff Development</p> <p>Coordinator will review the results. If it is deemed necessary by the Performance Improvement Committee, additional education may be provided, the process evaluated/revised, and or the audits reviewed for three months or until 100% compliance is achieved.</p>	<p>08/10/16</p> <p>08/10/16</p> <p>08/10/16</p> <p>08/10/15</p> <p>08/10/16</p> <p>08/10/16</p> <p>08/10/15</p>